

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12790**
Registrar's No. **1890**

Registration District No. **449**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 hour 20 min.**
(Specify whether years, months or days) **See above**

3. (a) PRINT FULL NAME

Infant Thomas MURPHY

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **male** 0 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **May 1, 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. 20 min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business

12. Name **Thomas J. Murphy, Jr.**
13. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Helen Mullane**
15. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas J. Murphy, Jr.**
(b) Address **3600 E. 12th St., K.C., Mo.**
17. (a) **Burial** (b) Date thereof **5-1-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Melody McGilley-Eylar**
(b) Address **Kansas City, Missouri**
19. (a) **5-1-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 48
(c) City or town **Kansas City** 3
(If outside city or town limits, write "RURAL")
(d) Street No. **3600 East 12th Street** 8
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1**
year **1948** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **5-1-48** to **5-1-48**
and that death occurred on the date and hour stated above.
that I last saw him alive on **5-1-48**
Immediate cause of death **Asphyxia - due to suffocation - approx. 30 min.**
Duration

Due to **Asphyxia - due to suffocation - approx. 30 min.**
Due to **Asphyxia - due to suffocation - approx. 30 min.**
Other conditions (Include pregnancy within 3 months of death)
Major findings: **159**
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature **Asphyxia - due to suffocation - approx. 30 min.** (M. D. or other)
Address **424 Central** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. A. B. Sinclair
4711 Central
No. 2223
After 2:30 P.M. Sat.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.